

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

3052018135479

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USF BLACK INK ONLY - NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-1 (REV 3/06)

3201801004870

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA		1. NAME OF DECEDENT - FIRST (Given) DUJUAN	2. MIDDLE O.	3. LAST (Family) ARMSTRONG								
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy 08/09/1994				5. AGE yrs. 23	# UNDER ONE YEAR Months Days	# UNDER 24 HOURS Hours Minutes	6. SEX M			
9. BIRTH STATE/FOREIGN COUNTRY KS		10. SOCIAL SECURITY NUMBER UNKNOWN	11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	12. MARITAL STATUS (PAST or TIME OF DEATH) NEVER MARRIED	13. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) AFRICAN AMERICAN	7. DATE OF DEATH mm/dd/yyyy 06/23/2018	8. HOUR (24 Hours) 1924					
14. EDUCATION - Highest Level Degree HS GRADUATE		15. WAS DECEDENT HISPANIC/LATINO/SPANISH? If yes, see worksheet on back <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	16. DECEASED'S OCCUPATION - Up to 3 trades may be listed (see worksheet on back) TOW TRUCK DRIVER				17. USUAL OCCUPATION - Type of work for most of life DO NOT USE RETIRED TOW COMPANY			19. YEARS IN OCCUPATION 1		
20. DECEDENT'S RESIDENCE (Street and number, or location) 2555 INTERNATIONAL BLVD. APT. 320		21. CITY OAKLAND		22. COUNTY/PROVINCE ALAMEDA	23. ZIP CODE 94601	24. YEARS IN COUNTY 14	25. STATE/FOREIGN COUNTRY CA					
26. INFORMANT'S NAME, RELATIONSHIP BARBARA DOSS, MOTHER		27. INFORMANT'S MAILING ADDRESS Street and number, or rural route number, city or town, state and zip 2123 106TH AVENUE, OAKLAND, CA 94603										
28. NAME OF SURVIVING SPOUSE/SPD - FIRST -		29. MIDDLE -	30. LAST (BIRTH NAME) -	34. BIRTH STATE LA								
31. NAME OF FATHER/PARENT-FIRST DWIGHT		32. MIDDLE O'SHEA	33. LAST ARMSTRONG	35. NAME OF MOTHER/PARENT-FIRST BARBARA				36. MIDDLE DENISE	37. LAST (BIRTH NAME) DOSS	38. BIRTH STATE CA		
39. DISPOSITION DATE mm/dd/yyyy 07/03/2018		40. PLACE OF FINAL DISPOSITION ROLLING HILLS MEMORIAL PARK 4100 HILLTOP DRIVE, RICHMOND, CA 94803				41. TYPE OF DISPOSITIONS BU				42. SIGNATURE OF EMBALMER GREGORY ATKINS	43. LICENSE NUMBER EMB7340	
44. NAME OF FUNERAL ESTABLISHMENT WHITTED-ATKINS FUNERAL HOME		45. LICENSE NUMBER FD837				46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS, M.D.				47. DATE mm/dd/yyyy 07/02/2018		
101. PLACE OF DEATH VALLEY CARE MEDICAL CENTER		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> ER <input checked="" type="checkbox"/> HOSP <input type="checkbox"/> USA				103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Home <input type="checkbox"/> Other				104. CITY PLEASANTON		
104. COUNTY ALAMEDA		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 5555 WEST LAS POSITAS BOULEVARD				106. DEATH REPORTED TO CORONER Time, date, location 2018-02007				107. CAUSE OF DEATH Enter this column of causes - diseases, injuries, or complications -- that directly caused death. DO NOT ENTER PRELIMINARY EVENTS THAT LEAD TO DEATH. DO NOT ENTER PRELIMINARY TESTS OR WORKUPS OR TREATMENT WITHOUT CHECKING THE ETIOLOGY. DO NOT APPROXIMATE. (A) CAUSE UNDER INVESTIGATION Indicate cause of death - disease or condition resulting in death (B) (C) Sequentially list conditions, if any, leading to death on LINE A. Enter UNDERLYING CAUSE disease or injury that initiated the events resulting in death. LAST (D)		
108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		109. BIOCOP PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -		113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) -				114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive				115. SIGNATURE AND TITLE OF CERTIFIER Karen E Easling		116. LICENSE NUMBER 117. DATE mm/dd/yyyy 06/25/2018
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Karen E Easling		119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide Pending investigation <input type="checkbox"/> Determined				120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				121. INJURY DATE mm/dd/yyyy 06/25/2018	122. HOUR (24 hours) 1206015	
123. PLACE OF INJURY (e.g. home, construction site, wooded area, etc.) -		124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) -				125. LOCATION OF INJURY (Street and number, or location, and city, and zip) -				126. SIGNATURE OF CORONER / DEPUTY CORONER KAREN E EASLING		
127. DATE mm/dd/yyyy 06/25/2018		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER KAREN E EASLING, DEPUTY CORONER				129. FAX AUTH.# 010001003921471				130. CENSUS TRACT		
STATE REGISTRAR	A	B	C	D	E							

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STATE OF CALIFORNIA, COUNTY OF ALAMEDAThis is a true and exact reproduction of the document officially registered
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SEP 06 2018

INTERIM HEALTH OFFICER AND LOCAL REGISTRAR

HEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

1 of 3

CALAMEDO

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

3052018135479

AFFIDAVIT TO AMEND A RECORDNO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3201801004870

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

1.1

 BIRTH DEATH FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY – THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST DUJUAN	1B. MIDDLE O.	1C. LAST ARMSTRONG
	2. SEX M	3. DATE OF EVENT—MM/DD/CCYY 06/23/2018	4. CITY OF EVENT PLEASANTON
	6. FULL NAME OF FATHER/PARENT AS STATED ON ORIGINAL RECORD DWIGHT O'SHEA ARMSTRONG		5. COUNTY OF EVENT ALAMEDA
	7. FULL NAME OF MOTHER/PARENT AS STATED ON ORIGINAL RECORD BARBARA DENISE DOSS		

PART II STATEMENT OF CORRECTIONS TO BIRTH, DEATH, OR FETAL DEATH RECORD

LIST ONE ITEM PER LINE	8. ITEM NUMBER TO BE CORRECTED	9. INCORRECT INFORMATION THAT APPEARS ON ORIGINAL RECORD	10. CORRECTED INFORMATION AS IT SHOULD APPEAR
		10	UNKNOWN

11. RECEIVED SOCIAL SECURITY NUMBER

REASON FOR CORRECTION

AFFIDAVITS AND SIGNATURES TWO PERSONS MUST SIGN THIS FORM TO CORRECT A BIRTH, DEATH, OR FETAL DEATH RECORD	We, the undersigned, hereby certify under penalty of perjury that we have personal knowledge of the above facts and that the information given above is true and correct.		
	12A. SIGNATURE OF FIRST PERSON ► RAHSAAN LEWIS	12B. PRINTED NAME RAHSAAN LEWIS	12C. TITLE/RELATIONSHIP TO PERSON IN PART I ADMINISTRATOR
	12D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 5500 FOOTHILL BLVD., OAKLAND, CA 94605	12E. DATE SIGNED—MM/DD/CCYY 07/02/2018	
	13A. SIGNATURE OF SECOND PERSON ► SHIRELL HALL	13B. PRINTED NAME SHIRELL HALL	
	13C. TITLE/RELATIONSHIP TO PERSON IN PART I ADMINISTRATOR		
	13D. ADDRESS (STREET and NUMBER, CITY, STATE, ZIP) 5500 FOOTHILL BLVD, OAKLAND, CA 94605	13E. DATE SIGNED—MM/DD/CCYY 07/19/2018	
STATE/LOCAL REGISTRAR USE ONLY	14. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ► STATE REGISTRAR - OFFICE OF VITAL RECORDS	15. DATE ACCEPTED FOR REGISTRATION 07/19/2018	

STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

020101003926142

FORM VS 24e (REV. 1/08)

1.1

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ALAMEDA COUNTY, CALIFORNIAHEALTH OFFICER AND LOCAL REGISTRAR
ALAMEDA COUNTY, CALIFORNIA

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001206016

John Pan MD

Walt D

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CERTIFICATION OF VITAL RECORD

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

PHYSICIAN/CORONER'S AMENDMENT

3052018135479

STATE FILE NUMBER

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	3. DATE OF EVENT—MM/DD/CCYY 06/23/2018	4. CITY OF EVENT PLEASANTON	5. COUNTY OF EVENT ALAMEDA	

PART II STATEMENT OF CORRECTIONS

6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
107A	CAUSE UNDER INVESTIGATION	MECHANICAL ASPHYXIA
107AT	INVS	MINS
112	-	CARDIAC HYPERTROPHY; OBESITY
113	-	NO
119	PENDING INVESTIGATION	ACCIDENT
120		NO
121		06/23/2018
122		UNK
123		JAIL
124		ASPHYXIATED DURING THE APPLICATION OF A RESTRAINT DEVICE
125		5325 BRODER BOULEVARD, DUBLIN, CA 94568

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.		
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ► MICHAEL CARDOZA	10. DATE SIGNED—MM/DD/CCYY 09/05/2018	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER DEPUTY CORONER
STATE/LOCAL REGISTRAR USE ONLY	12. ADDRESS—STREET and NUMBER 2901 PERALTA OAKS CT.	13. CITY OAKLAND	14. STATE CA
	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR ► STATE REGISTRAR - OFFICE OF VITAL RECORDS	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 09/05/2018	15. ZIP CODE 94605

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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Ae (REV. 1/08)

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2.1

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ALAMEDA COUNTY, CALIFORNIA

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John Pm MD

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